

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18220 ✓

FILED MAY 18 1944

State File No. _____

Registration District No. 76

Primary Registration District No. 5568

Registrar's No. 103

1. PLACE OF DEATH:

(a) County. **JACKSON**
(b) City or town. **INDEPENDENCE (RURAL)**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
403 E. HEREFORD
(If not in hospital or institution, write street number or location)
(d) Length of stay: **18 YEARS**
In this community... (Specify whether years, months or days)

3. (a) PRINT FULL NAME **MRS. HANNAH DEMPSEY**

3. (b) If veteran, name war. **NO**
3. (c) Social Security No. **NO**

4. Sex **FEMALE**
5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband **ALBERT C. DEMPSEY**
6. (c) Age of husband or wife if alive **19** years
7. Birth date of deceased. **9** (Month) **19** (Day) **1859** (Year)

8. AGE: Years **84** Months **7** Days **4**
If less than one day hr. min.

9. Birthplace **NOTTINGHAM** **ENGLAND**
(City, town, or county) (State or foreign country)

10. Usual occupation **NONE**

11. Industry or business **NONE**

12. Name **SENTERLOW BUTLER**

13. Birthplace **NO RECORD** **ENGLAND**
(City, town, or county) (State or foreign country)

14. Maiden name **EMILY SNELL**

15. Birthplace **NO RECORD** **ENGLAND**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. SARAH JOHNSON**

(b) Address **403 E. HEREFORD**

17. (a) **REMOVAL** (b) Date thereof **4-26-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **NEVADA, MISSOURI**

18. (a) Signature of funeral director **Henry W. Stahl**

(b) Address **815 W. MAPLE AVE.**

19. (a) **4-25-1944** (Date received local report) **James W. Ross** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON**
(c) City or town **INDEPENDENCE (RURAL)**
(If outside city or town limits, write "RURAL")
(d) Street No. **403 E. HEREFORD**
(If rural, give location)
(e) Citizen of foreign country? **YES** (Yes or No)
If yes, name country **ENGLAND**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **23**
year **1944** hour **10** minute **00** P. M.

21. I hereby certify that I attended the deceased from **April 18, 1944**
to **April 23, 1944**
that I last saw her alive on **April 23**
and that death occurred on the date and hour stated above.

Immediate cause of death **Shock - Congestive Heart Failure**
Duration

Due to **Fracture left humerus & left femur** **5 days**

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **✓**
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (e) Means of injury

23. Signature **Charles E. Nickerson** (M. D. or other)
Address **Independence, Mo.** Date signed **4/25/44**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

..... P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Junk

Registration District No.

146

Primary Registration District No.

5568

Registrar's No.

103

1. PLACE OF DEATH:

(a) County

Jackson

(b) City or town

Rural Blue Temp.

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

(Specify whether

In this community
years, months or days)3. (a) PRINT
FULL NAME

Hannah Dempsey

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex

F

5. Color or
race

W

6. (a) Single, widowed, married,
divorced

W

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive

7. Birth date of deceased

Sept 19

(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

84

7

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State

(b) County

(c) City or town

(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

(e) Citizen of foreign country?

(Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

year 1944

hour

minute

M.

21. I hereby certify that I attended the deceased from

that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death

Shock - Congestive
heart failure

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

Accident

(b) Date of occurrence

April 18, 1944

(c) Where did injury occur?

(City or town)

(County)

(State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

Charles E. Nelson

(M. D. or other)

Address

Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

02281

Charles E. McIlroy
Judge, etc., etc.